

# **HIPAA - Health Insurance Portability and Accountability Act of 1996**

## **Notice of Privacy Practices**

Effective Date: December, 2002

This notice describes how medical information about you/your child may be used and disclosed and how you can get access to this information. Please review it carefully. If you have any questions about this notice, please contact Health Services. For purposes of clarity, the term "you" is used for those students over 18 years of age. "Your child" is used to inform parents of those students under the age of 18.

Your/your child's medical information is personal. We are committed to protecting your/your child's medical information. We create a record of the care and services you/your child receive at Health Services. We need this record to provide you/your child with quality care and to comply with certain legal requirements. This Notice applies to all of the records of your/your child's care generated by Health Services whether made by your/your child's personal physician or one of Latvian Centers Garezers' employees. This Notice will tell you about the ways in which we may use and disclose your/your child's medical information. This Notice will also describe your rights and certain obligations we have regarding the use and disclosure of your/your child's medical information.

Health Services is required by law to:

- (1) make sure that medical information that identifies you/your child is kept private
- (2) give you/your child this Notice of our legal duties and privacy practices with respect to medical information about you/your child
- (3) follow the terms of the Notice that is currently in effect

### **How Health Services May Use and Disclose Your/Your Child's Medical Information**

The following describes the different ways that your/your child's medical information may be used or disclosed by Health Services. For clarification we have included some examples. Not every possible use or disclosure is specifically mentioned. However, all of the ways we are permitted to use and disclose your/your child's medical information will fit within one of these general categories:

**For Treatment:** We will use medical information about you/your child to provide you/your child with medical care and services. We may disclose medical information about you/your child to doctors, nurses, technicians and other Latvian Center Garezers personnel who are involved in providing you/your child with medical care.

**For Payment:** We may use and disclose medical information about you/your child so that the care and services you/your child receive at Health Services may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to give your/your child's health plan information about care you/your child received here so your/your child's health plan will pay us or reimburse you for the care. We may also tell your/your child's

health plan about care you/your child would receive to obtain prior approval or to determine whether your/your child's plan will cover the care.

**For Health Care Operations:** We may use and disclose medical information about you/your child for Health Services operations. These uses and disclosures are necessary to run our Health Services and make sure that all of our students receive quality care. For example, we may use medical information to review our care and services and to evaluate the performance of our staff in caring for you/your child. We may also combine medical information about many of our students to decide what additional services the Health Services should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, and other Health Services personnel for review and learning purposes. We may remove information that identifies you/your child from this set of medical information so others may use it to study health care and health care delivery without learning the identify of the specific students.

**Appointment Reminders:** We may use and disclose medical information to contact you/your child as a reminder that you/your child have an appointment for medical care at Health Services.

**Care Alternatives:** We may use and disclose medical information to tell you/your child about or recommend possible care options or alternatives that may be of interest to you/your child.

**Health-Related Benefits and Services:** We may use and disclose medical information to tell you/your child about health-related benefits or services that may be of interest to you/your child.

**Research:** Under certain circumstances, we may use and disclose medical information about you/your child for research purposes. For example, a research project may involve comparing the health and recovery of all students who received one medication to those who received another for the same condition.

**As Required By Law:** We will disclose medical information about you/your child when required to do so by federal, state or local law. For example, disclosure may be required by Workers' Compensation statutes and various public health statutes in connection with required reporting of certain diseases, child abuse and neglect, domestic violence, adverse drug reactions, etc.

**To Avert a Serious Threat to Health or Safety:** We may use and disclose medical information about you/your child when necessary to prevent a serious threat to your/your child's health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

**Health Oversight Activities:** We may disclose medical information to a governmental or other oversight agency for activities authorized by law. For example, disclosures of your/your child's medical information may be made in connection with audits, investigations, inspections, and licensure renewals, etc.

**Lawsuits and Disputes:** If you/your child are involved in a lawsuit or a dispute, we may use your/your child's medical information to defend the Health Services or to respond to a court order.

**Law Enforcement:** We may release medical information about you/your child if required by law when asked to do so by a law enforcement official.

**Coroners and Medical Examiners:** We may release medical information to a coroner or medical examiner to identify a deceased person or determine the cause of death.

**Your Rights Regarding Your/Your Child's Medical Information:**

You/your child have the following rights regarding the medical information Health Services maintains about you/your child:

**Right to Inspect and Copy:** You have the right to inspect and copy your/your child's medical information with the exception of any psychotherapy notes. To inspect and copy your/your child's medical information, you must submit your request in writing to Health Services. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to your/your child's medical information, you may request that the denial be reviewed. For information regarding such a review contact the Dean of Student Services.

**Right to Amend:** If you feel that medical information we have about you/your child is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by Health Services. To request an amendment, your request must be made in writing and submitted to HIPAA Officer at Health Services. In addition, you must provide a reason that supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- (a) Was not created by us;
- (b) Is not part of the medical information kept by Health Services;
- (c) Is not part of the information which you would be permitted to inspect and copy; or
- (d) Is accurate and complete.

**Right to an Accounting of Disclosures:** You have the right to request an "accounting of disclosures." This is a list of the disclosures Health Services has made of your/your child's medical information. To request this accounting of disclosures, you must submit your request in writing to the HIPAA Officer at Health Services. Your request must state a time period which may not be longer than six years and may not include dates before February 26, 2003.

**Right to Request Restrictions:** You have the right to request a restriction or limitation on the use or disclosure we make of your/your child's medical information. We are not required to agree to your request for a restriction. If we do agree, we will comply with your request unless the

information is needed to provide you/your child emergency care. To request restrictions, you must make your request in writing to the HIPAA Officer at Health Services.

**Right to Request Confidential Communications:** You have the right to request that we communicate with you only in a certain manner. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing to the HIPAA Officer at Health Services. We will accommodate all reasonable requests.

**Right to a Paper Copy of This Notice:** You have the right to a paper copy of this Notice. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy of this Notice. To obtain a paper copy of this Notice, contact Health Services. You may also obtain a copy of this Notice at our website: [www.garezers.org](http://www.garezers.org).

#### Revisions to This Notice

We reserve the right to revise this Notice. Any revised Notice will be effective for medical information we already have about you/your child as well as any information we receive in the future. We will post a copy of any revised Notice in Health Services. Any revised Notice will contain on the first page, in the top right-hand corner, the effective date. In addition, we will send you a copy of the current Notice at the beginning of each Academy and Camp session.

#### Complaints

If you believe your/your child's privacy rights have been violated, you may file a complaint with Health Services or with the Secretary of the Department of Health and Human Services. All complaints must be submitted in writing. **LATVIAN CENTER GAREZERS WILL NOT PENALIZE YOU/YOUR CHILD IN ANY WAY FOR FILING A COMPLAINT.**

#### Other Uses of Medical Information

Other uses and disclosures of your/your child's medical information not covered by this Notice of Privacy Practices will be made only with your written authorization. If you provide us such an authorization in writing to use or disclose medical information about you/your child, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose medical information about you/your child for the reasons covered by your written authorization.